

APPENDIX B

SAMPLES

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NOTE: THE SAMPLES CONTAINED IN THIS ANNEX ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY. THE ITEMS IN **BOLD** PRINT ARE FICTITIOUS, AND ARE ONLY PROVIDED AS AN EXAMPLE OF THE INFORMATION REQUIRED TO BE ENTERED.



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY SUPPORT ACTIVITY AREA III
UNIT # 15716
APO AP 96271-5716

EANC-HG-DL-CIF

2 October 2002

MEMORANDUM FOR Commander, Central OCIE Activity, DOL, USASA Area III, APO AP 96271

SUBJECT: Support for issue of OCIE

1. In accordance with EUSA Suppl #1 to AR 710-2, request that personnel assigned to this unit be issued the items listed on the enclosed a memorandum(standard issue for unit) when inprocessing through the Customer Service Point at U.S. Army Material Support Center –Korea.(These items are in addition to items authorized for transfer from station to station.).
2. The following information is provide for your use phone CO: 753-7346
 - a. Unit HHC, USASA AREA III UIC: WDCVAA, FAX: 753-4857 1ST: 753-7135
 - (1) Authorized: 104 Officer: 23 Enlist: 61 KATUSA: 20
 - (2) Assigned: 98 Officer: 20 Enlist : 58 KATUSA: 20
 - (3) Authorized Aviator: 31 Pilot: 11 Crew-member: 12 Non-Crew member: 8
 - (4) Assigned Aviator: 28 Pilot: 8 Crew-member: 11 Non-Crew member :8
 - (5) Authorized Emergency Essential Civilian: 5 Assigned Mission Essential Civilian : 10
 - (6) Assigned Emergency Essential Civilian: 4 Assigned Mission Essential Civilian: 8
 - (7) Authorized mechanic: 25 Assigned mechanic: 25
 - (8) Authorized Cook and KP: 45 Assigned Cook and KP: 45
3. I understand that CTA 50-900 items not stocked by the Customer Service Point are authorized to be requisitioned from the supporting Supply point.
4. I understand each unit must provide the Customer Service Point with a roster of personnel who have departed the command each quarter
5. Point of contact for this headquarters is SFC DAVID L. RICHARD, 753-7377

Encl
A Memorandum of standard issue list

JASON C. MCAUTHER
CPT, INF
Commanding

OCIE Standard/Supplemental Issue Menus

1. OCIE Standard Issue Menu(Officer, Enlisted & KATUSA Personnel)

<u>LIN</u>	<u>ITEM</u>	<u>QTY</u>
B09054	BOOTS COLD WEATHER(ICW)	1
B13907	BAG BARRACKS(1EA INITIAL ISSUE ITEM ENLIST)	2
B14729	BAG DUFFEL	1
B15825	BAG WATERPROOF	2
B59567	BELT INDIVIDUAL 1	1
B62574	BERET MAN'S RANGER	1
C08119	BOOT COLD WEATHER(NO ISSUE WHEN ISSUE B09054)	1
C96536	CANTEEN WATER 1QTR	1
D01857	CAP COLD WEATHER(INITIAL ISSUE ITEM ENLIST)	1
D11812	CARRIER NIT TOOL	1
D49418	DRAWER ECWCS	2
D64043	CASE FIRST AID	1
F28747	COVER HELMET CAMOU	1
F30391	COVER CANTEEN 1QTR	1
F54817	CUP CANTEEN	1
G39744	NECK GUITAR	1
H39825	FIELD PACK LC-,Large(Only Authorized Units and 2d Inf)	1
H39835	FIELD PACK Medium	1
H46744	HOOD COLD WEATHER	1
H90705	FRAME, FILED PACK(Only when issue large field pack)	1
K34733	HELMET PASGT	1
L00210	INTRANCHING TOOL	1
L70789	LINER PONCHO,WET WEATHER CAMOFLAGE(2d Inf)	1
M37042	MAT SLEEPING	1
M52555	MITTEN INSERT(Trigger finger)Green/Brown	2
M53240	MITTEN SHELL(Trigger Finger)	1
M64083	MODULAR SLEEPING SYSTEM W/4 COMP	1
N39848	OVERSHOES	1
P05813	PARKA WET WEATHER	1
P17415	PONCHO	1
P56983	OVERALLS ECWCS	1
P69699	PARKA ECWCS	1
S04834	SHIRTS BLACK ECWCS	1
T35375	TROUSER ECWCS	1
T38070	TROUSER W/W	1
U86178	UNDERSHIRTS ECWCS	2
V02073	VEST TACTICAL LOAD	1

2. OCIE Supplemental Issue Menu(Aviator)

<u>LIN</u>	<u>ITEM</u>	<u>QTY</u>
C07743	BOOTS FLYER	1
*C68790	COAT AIRCREW BATTLE DRESS UNIFORM CAMOU	3
D44189	DRAWERS, FLYERS ARAMID	2
F82382	FLYERS HELMET BAG	1
H46812	HOOD, FLYERS JACKET(ACWCS)	1
H53107	HELMET FLYER HGU-56/P	1
J23732	JACKET FLYER ACWCS	1
J61447	SUNGLASSES, GLASS LENS	1
J67052	GLOVES FLYERS,NOMEX SUMMER	2
J67927	GLOVES SHELL FLYER	1
L27088	KIT BAG FLYER	1
L71107	LINER FLYER JACKET ACWCS	1
T57006	TROUSER AIRCREW BATTLE DRESS UNIFORM CA	3
U17886	UNDERSHIRTS FLYER ARAMID	2

3. OCIE Supplemental Issue Menu(Combat Vehicle Crewman-MOS 19 series)

<u>LIN</u>	<u>ITEM</u>	<u>QTY</u>
C07743	BOOTS, COMBAT MOUNTED CREWMAN	1
C31189	COVERALLS, CVC GREEN ARMID	2
J67052	FLOVES FLYERS NOMEX SUMMER	1
J67927	GLOVES FLYER(ICW), HAU 15?P	1
H46881	HOOD, JACKET CVC	1
L14520	JACKET CVC GREEN	1

4. OCIE Supplemental Issue Menu(Fuel Handlers)

<u>LIN</u>	<u>ITEM</u>	<u>QTY</u>
*C68790	COAT AIRCREW BATTLE DRESS UNIFORM CAM	2
*T57006	TROUSER AIRCREW BATTLE DRESS UNIFORM CA	2

*F32055 Coverall Flyer may be issued if stock available.

5. OCIE SUPPLEMENTAL ISSUE MENU(COOKS)

<u>LIN</u>	<u>ITEM</u>	<u>QTY</u>
A86247	APRON FOOD HANDLER	8
S84246	SMOCK WHITE	8
T36211	TROUSER WHITE	8

6. OCIE Standard Issue Menu(EEC/MEC Personnel)

<u>LIN</u>	<u>ITEM</u>	<u>QTY</u>
B13907	BAG BARRACKS	1
B14729	BAG DUFFEL NYLON DUCK	1
B15825	BAG CLOTHING WATERPROOF	1
B59567	BELT INDIVIDUAL EQUIPMENT	1
C96536	CANTEEN WATER 1QT PLASTIC	1
D464043	CASE FIRST AID	1
F28747	COVER CANTEEN	1
F54817	CUP CANTEEN WIRE HANDLE	1
K34733	HELMET GROND TRROP(PASGT)	1
M37042	MAT SLEEPING	1
M60483	MODULAR SLEEPING SYSTEM W/4COMP	1
N39848	OVERSHOES, CAOMBET VINYL	1
P17415	PONCHO W/W CAM	1
P69699	PARKA ECWCS	1
V02073	VEST TACTICAL LOAD BEARING	1

NOTE

Wet weather suit may be issued in lieu of poncho

Those items have multiple NSNs that are assigned to allot for different sizes.

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG.</i>					DATE 24 March 2003	
AUTHORIZED REPRESENTATIVE(S)						
ORGANIZATION RECEIVING SUPPLIES HHC, USASA Area III				LOCATION Camp Humphreys, APO AP 96271-0716		
LAST NAME-FIRST NAME-MIDDLE INITIAL	SOCIAL SECURITY NUMBER	AUTHORITY		SIGNATURE AND INITIALS		
		REQ	REC			
MRTIN, JOHN		YES	YES			
NOTHING FOLLOW						
AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER						
THE UNDERSIGNED HEREBY <input checked="" type="checkbox"/> DELEGATES TO: <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE, THE AUTHORITY TO: Request and Receive TA-50 and Pick up OCIE record.						
REMARKS CSP, USASA Area III						
I ASSUME FULL RESPONSIBILITY						
UNIT IDENTIFICATION CODE WOCFF				DODAAC/ACCOUNT NUMBER W9085H		
LAST NAME-FIRST NAME-MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE		
HAMILTON, JOHN	03	753-0000	3 Apr 2004			

DA FORM 1687, JAN 82

EDITION OF DEC 57 IS OBSOLETE.

USAPPC V3.00

DEPARTMENT OF THE ARMY
557TH MILITARY POLICE COMPANY, 728TH MILITARY BATTALION
UNIT #15829
APO AP 96271-0716

24 March 2003

EANC-HG-MP

MEMORANDUM FOR Accountable Officer, AREA III CIF

SUBJECT: Unit Roster

1. Below is a list of Soldier's currently assigned to the 557th MP Co.

NAME	SSN	RANK	DEROS
------	-----	------	-------

2. POC is the undersigned at 753-0000.

Signed
JOHN HAMILTON
CPT, OD
Commanding

DEPARTMENT OF THE ARMY
557TH MILITARY POLICE COMPANY, 728TH MILITARY BATTALION
UNIT #15829
APO AP 96271-0716

24 March 2003

EANC-HG-MP

MEMORANDUM FOR Accountable Officer, AREA III CIF

SUBJECT: List of Soldiers that have departed within the last 90 days.

1. Below is a list of Soldiers that have departed from 1 Jan 2003 to Mar 2003.

NAME	SSN	RANK	DATE DEPARTED
------	-----	------	---------------

2. POC is the undersigned at 753-0000.

Signed
JOHN HAMILTON
CPT, OD
Commanding

Op18h8v0s0b52TD

DATE: 2003/05/21 [14:16]
DODAAC: W9685H

CENTRAL ISSUE FACILITY - Camp Humphreys, Korea
DUE OUT TO TROOPS - INDEXED BY NSN

PCN A09-5500 Page 1
ANNEXATION CODE: 2300

NSN: 4240-01-143-2019
SSN

NOMENCLATURE: MASK CHEMICAL-BIOLO M
LINE SIZE NAME

DOQTY UNIT

DEPARTMENT OF THE ARMY
557TH MILITARY POLICE COMPANY, 728TH MILITARY BATTALION
UNIT #15829
APO AP 96271-0716

24 March 2003

EANC-HG-MP

MEMORANDUM FOR Accountable Officer, AREA III CIF

SUBJECT: Request for Issue

1. Request that the soldier listed below be issued OCIE.

NAME	SSN	RANK	DEROS
------	-----	------	-------

2. A copy of the soldiers OCIE records have been requested from his/her previous unit, once the records are received they will be immediately forwarded to the CIF facility.

3. POC is the undersigned at 753-0000.

Signed
JOHN HAMILTON
CPT, OD
Commanding

DEPARTMENT OF THE ARMY
557TH MILITARY POLICE COMPANY, 728TH MILITARY BATTALION
UNIT #15829
APO AP 96271-0716

24 March 2003

EANC-HG-MP

MEMORANDUM FOR Accountable Officer, AREA III CIF

SUBJECT: None-Issue of CTA-50

1. The below listed soldier was never issued OCIE from the Area III CSP while assigned to my unit.

NAME	SSN	RANK	DEROS
------	-----	------	-------

2. POC for this memorandum is SSG Williams at 753-0000.

Signed
JOHN HAMILTON
CPT, OD
Commanding

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of The Surgeon General

1. MEDICAL CONDITION

Pregnancy, Estimated Delivery Date: 13 Jul 03

2.

P	U	L	H	E	S
T3	1	1	1	1	1

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS IAW: AR 40-501, Para 7-9 (C). Upon diagnosis fo pregnancy soldier is exempt from regular unit physical training (PT) program of the unit and exempt from PT testing as outlined in AR 350-41, chap 9; for the duration of pregnancy and up to 6 months past pregnancy termination

CODES

C,D,E,F,G,H

4. THIS PROFILE IS

☐ PERMANENT

☒ TEMPORARY EXPIRATION DATE:

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

- | | | | | |
|---|--|--|---|---|
| <input checked="" type="checkbox"/> Groin Stretch | <input type="checkbox"/> Thigh Stretch | <input checked="" type="checkbox"/> Lower Back Stretch | <input checked="" type="checkbox"/> Neck & Shoulder Stretch | <input checked="" type="checkbox"/> Neck Stretch |
| <input type="checkbox"/> Hip Raise | <input type="checkbox"/> Quads Stretch & Bal. | <input type="checkbox"/> Single Knee to Chest | <input checked="" type="checkbox"/> Upper Back Stretch | <input checked="" type="checkbox"/> Ankle Stretch |
| <input type="checkbox"/> Knee Bender | <input checked="" type="checkbox"/> Calf Stretch | <input type="checkbox"/> Straight Leg Raise | <input checked="" type="checkbox"/> Chest Stretch | <input checked="" type="checkbox"/> Hip Stretch |
| <input type="checkbox"/> Side-Straddle Hop | <input type="checkbox"/> Long Sit | <input type="checkbox"/> Elongation Stretch | <input checked="" type="checkbox"/> One-Arm Side Stretch | <input type="checkbox"/> Upper Body Wt Tng |
| <input type="checkbox"/> High Jump | <input checked="" type="checkbox"/> Hamstring Stretch | <input type="checkbox"/> Turn and Bounce | <input checked="" type="checkbox"/> Two-Arm Side Stretch | <input type="checkbox"/> Lower Body Wt Tng |
| <input type="checkbox"/> Jogging in Place | <input checked="" type="checkbox"/> Hams. & Calf Stretch | <input type="checkbox"/> Turn and Bend | <input checked="" type="checkbox"/> Side Bender | <input type="checkbox"/> All |

6. AEROBIC CONDITIONING EXERCISES

- ☒ Walk at Own Pace and Distance
☒ Run at Own Pace and Distance
☒ Bicycle at Own Pace and Distance
☒ Swim at Own Pace and Distance
☒ Walk or Run in Pool at Own Pace

- ☐ Unlimited Walking
☐ Unlimited Running
☐ Unlimited Bicycling
☐ Unlimited Swimming

- ☐ Run at Training Heart Rate for ____ Min.
☐ Bicycle at Training Heart Rate for ____ Min.
☐ Swim at Training Heart Rate for ____ Min.

7. FUNCTIONAL ACTIVITIES

- ☐ Wear Backpack (40 Lbs.)
☐ Wear Helmet
☐ Carry Rifle
☐ Fire Rifle
☐ With Hearing Protection
☐ KP/Mopping/Mowing Grass
☐ Marching Up to ____ Miles
☒ Lift Up to 20 Pounds
☐ All

PHYSICAL FITNESS TEST

- ☐ Two Mile Run ☐ Walk
☐ Push-Ups ☐ Swim
☐ Sit-Ups ☐ Bicycle

8. TRAINING HEART RATE FORMULA

MALES 220

FEMALES 225

MINUS (-) AGE

MINUS (-) RESTING HEART RATE

TIMES (X) % INTENSITY

PLUS (+) RESTING HEART RATE

60% EXTREMELY POOR CONDITION

60% HEALTHY, SEDENTARY INDIVIDUAL

70% MODERATELY ACTIVE, MAINTENANCE

80% WELL TRAINED INDIVIDUAL

9. OTHER Physical training profiles after abortion or miscarriage will be determined on an individual case basis by attending Physician. See attached memo for guidance throughout pregnancy. Soldier is cleared and expected to participate in their Area Pregnant Soldiers' Physical Training Program (PSPTP)

TYPED NAME AND GRADE OF PROFILING OFFICER

Seung J Kim
LTC, MC
OB/GYN Clinic

SIGNATURE

Seung J Kim

DATE

3 Jan 02

TYPED NAME AND GRADE OF PROFILING OFFICER

SIGNATURE

DATE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE

☐ APPROVED

☐ NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY

SIGNATURE

DATE

ACTION BY UNIT COMMANDER

THIS PERMANENT CHANGE IN PROFILE SERIAL ☐ DOES ☐ DOES NOT REQUIRE A CHANGE IN MEMBER'S

☐ MILITARY OCCUPATIONAL SPECIALTY

☐ DUTY ASSIGNMENT

BECAUSE:

TYPED NAME AND GRADE OF UNIT COMMANDER

SIGNATURE

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name (last, first, middle); grade; SSN; hospital or medical facility)

UNIT

ISSUING CLINIC AND PHONE NUMBER

DISTRIBUTION

UNIT COMMANDER - ORIGINAL & 1 COPY
 HEALTH RECORD JACKET - 1 COPY
 CLINIC FILE - 1 COPY
 MILPO - 1 COPY

DEPARTMENT OF THE ARMY
557TH MILITARY POLICE COMPANY, 728TH MILITARY BATTALION
UNIT #15829
APO AP 96271-0716

24 March 2003

EANC-HG-MP

MEMORANDUM FOR Accountable Officer, AREA III CIF

SUBJECT: Request for Maternity Uniform

1. Request that the below named individual be issued the Maternity Uniform.

NAME	SSN	RANK	DEROS
------	-----	------	-------

2. POC for this memorandum is SSG Williams at 753-0000.

Signed
JOHN HAMILTON
CPT, OD
Commanding

DEPARTMENT OF THE ARMY
557TH MILITARY POLICE COMPANY, 728TH MILITARY BATTALION
UNIT #15829
APO AP 96271-0716

24 March 2003

EANC-HG-MP

MEMORANDUM FOR Accountable Officer, AREA III CIF

SUBJECT: Boot Flyers

1. Request that the below named individual be issued the Boot Flyers.

NAME	SSN	RANK	MOS
------	-----	------	-----

2. POC for this memorandum is SSG Williams at 753-0000.

Signed
JOHN HAMILTON
CPT, OD
Commanding

DEPARTMENT OF THE ARMY
557TH MILITARY POLICE COMPANY, 728TH MILITARY BATTALION
UNIT #15829
APO AP 96271-0716

24 March 2003

EANC-HG-MP

MEMORANDUM FOR Accountable Officer, AREA III CIF

SUBJECT: EEC/MEC

1. The below named individuals are assigned as EEC/MEC.

NAME	SSN
------	-----

2. POC for this memorandum is SSG Williams at 753-0000.

Signed
JOHN HAMILTON
CPT, OD
Commanding

DEPARTMENT OF THE ARMY
557TH MILITARY POLICE COMPANY, 728TH MILITARY BATTALION
UNIT #15829
APO AP 96271-0716

24 March 2003

EANC-HG-MP

MEMORANDUM FOR Accountable Officer, AREA III CIF

SUBJECT: Lost OCIE for Katusa soldiers

1. Kim, Sang Mo, K0000000, SGT lost the below listed items during tiger exercise conducted on 17 Mar to 21 Mar 03. In accordance with EUSA Reg 600-2 Chapter 6-10 request that these items be re-issued to Sgt Kim.

LINE NO	NSN	ITEM	QTY	U/P
---------	-----	------	-----	-----

2. I have reviewed the circumstances surrounding the lost to the listed items and find no evidence of negligence or willful misconduct.

3. Point of contact for this memorandum is SSG Williams at 753-0000.

Signed
JOHN HAMILTON
CPT, OD
Commanding

DATE: 2003/05/21 [14:21]
DODMAC: W9085H

CENTRAL ISSUE FACILITY - Camp Humphreys, Korea
INDIVIDUAL PAST DUE TO OUT PROCESS

PCN A09-4430 Page 28
ANNEXATION CODE: 2300

UNIT: WDEFPA	516TH PSC TM#2	NAME	GRADE	SEX	MOSD	ENTER CIF DATE
DEROS	SSN					

HEADQUARTERS
EIGHTH UNITED STATES ARMY
UNIT #15236
APO AP 96205-0009

Office Symbol(MARKS) _____ DATE _____
MEMORANDUM FOR Manager, CIE _____ UNIT# _____
APO AP _____

SUBJECT: Damaged OCIE During a training Exercise

1. (NAME) _____, (RANK) _____
(SSN) _____, Damaged his/her clothing during training
exercise _____ conducted on (date) _____

2. The circumstances resulting in damage to this clothing were as
Follows: _____

3. The damaged item(s) is/are as follows:

LINE ITEM	NOMENCLATURE	QTY	PRICE	TOTAL PRICE	ECOD
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
TOTAL				_____	

XXXXXXXXXXXXXX
RANK
COMMANDER

SAMPLE

DEPARTMENT OF THE ARMY
557TH MILITARY POLICE COMPANY, 728TH MILITARY BATTALION
UNIT #15829
APO AP 96271-0716

24 March 2003

EANC-HG-MP

MEMORANDUM FOR Accountable Officer, AREA III CIF

SUBJECT: Request for temporary loan

1. Request a temporary loan of the following items for use during the Team Spirit Exercise from 14 March 03 through 23 March 03.

LINE NO	NSN	ITEM	QTY
---------	-----	------	-----

2. POC for this memorandum is SSG Williams at 753-0000.

Signed
JOHN HAMILTON
CPT, OD
Commanding

Op18h8v0s0b52TD

DATE: 2003/03/24 [13:07]
DODAAC: W9085H

CENTRAL ISSUE FACILITY - CAMP HUMPHREYS,
CLOTHING RECORD

PCN A09-7550 Page 1
ANNEXATION CODE: 2300

SSN	NAME	RANK	UNIT	DMOS	SEX	DATE ISSUED	DATE EXP CLEAR										
XXX-XX-XXXX	XXXX, XXXX	E6	HSC 527ST MI BN	(W3F1AA)	98G M	1999/08/09	2000/08/03										
MENU	LINE	SIZE	NOMENCLATURE	AU	CF	IS	OH	DO	MENU	LINE	SIZE	NOMENCLATURE	AU	CF	IS	OH	DO
*002	B13907		BAG BARRACKS COTTON	2	1		2										
002	B14729		BAG DUFFEL	1			1										
002	B15825		BAG WATER PROOF CLOTHIN	2			2										
002	B59567	MED	BELT IND OR BUCKLE MD	1			1										
002	C08119	10R	BOOT COLD WEATHER 10R	1			1										
002	C96536		CANTEEN 1QT W/MI CAP	1			1										
*002	D01857	7	CAP COLD WEATHER 7	1		1	1										
002	D11812		CARRIER INT TOOL LC-1	1			1										
002	D49418	M	DRAWERS CW M	2			2										
002	D64043		CASE FIRST AID KIT LC-1	1			1										
002	F28747	ML	COVER HELMET CAMO ML	1			1										
002	F30391		COVER WATER CANTEEN 1QT	1			1										
002	F54817		CUP CANTEEN 1QTR	1			1										
002	G39744		GAITER NECK DK BRN	1			1										
002	H39835		FIELD PACK W/O LINER M	1			1										
002	H46744		HOOD COLD WEATHER	1			1										
002	K34733	M	HELMET GROUND M	1			1										
002	L00210		INTRENCHING TOOL	1			1										
002	M37042		MAT SLEEPING	1			1										
002	M52555	MED	MITTEN INSERT WOOL M	2			2										
002	M53240	M	MITTEN SHELL CTN-NY M	1			1										
002	M60480		BLACK SLEEPING BAG	1			1										
002	M60481		BIVY COVER	1			0	1									
002	M60482		GREEN SLEEPING BAG	1			1										
002	M60484		STUFF SACK	1			1										
002	N37752	M	TROUSERS WET WEATHER M	1			1										
002	N39848	11	OVERSHOES, VINYL OG 11	1			1										
002	N70110	M	PARKA WET WEATHER M	1			1										
002	P17415		PONCHO WET WEA CAM	1			1										
002	P69699	M-L	PARKA CW CAMOU M-L	1			1										
002	S03222	M	SHIRT CW BROWN 463 M	1			1										
002	T35375	M-L	TROUSER CW CAM M-L	1			1										
002	U73597		SUSPENDERS TROUSERS	1			1										
002	U86178	M	UNDERSHIRT ECWCS M	2			2										
002	V02073		VEST IND TAC LOAD BRG	1			1										

DATE: 2003/03/24 [13:07]
DODAAC: W9085H

CENTRAL ISSUE FACILITY - CAMP HUMPHREYS,
CLOTHING RECORD

PCN A09-7550 Page 2
ANNEXATION CODE: 2300

SSN	NAME	RANK	UNIT	DMOS	SEX	DATE ISSUED	DATE EXP CLEAR	
		E6	HSC 527ST MI BN	(W3F1AA)	98G M	1999/08/09	2000/08/03	
MENU	LINE	SIZE	NOMENCLATURE	AU	CF	IS	OH	DO
ADD	B62574	7 1/4	BERET MANS RANGER 7 1/4	2			2	

DEPARTMENT OF THE ARMY REPORT OF SURVEY For use of this form, see AR 735-5; the proponent agency is ODCSLOG		1. DATE PREPARED 24 March 2003	2. SURVEY NUMBER
3. TYPE OF PROPERTY Organizational		4. ADDRESS OF ACCOUNTABLE OFFICER CSP, USASA Area III, APO AP 96271-0716 UIC: W3BHAA	
5. ORIGINATOR (Accountable officer, or primary hand receipt holder) LUIS R. AYALA, CPT, Commander HHB, 1/4rd ADA, APO AP 96271-0716 UIC: WBMOAA			
6. NATIONAL STOCK NUMBER	7. ITEM DESCRIPTION	8. QTY	9. UNIT PRICE 10. TOTAL COST
V02073 8415-01-296-8878	Vest tactical load Ricc:0	1	41.30
K34733 8470-01-092-7526	Helmet Ground troop Ricc; 2 No residue	1	133.70
Grand Total			177.00
11. DATE AND CIRCUMSTANCES On or about June 4 2002 1ST Phillips Lewis received from the 1-43rd ADA Battalion S-4. However, none of the berets were properly account for, 1ST Lewis proceeded to issue out above items from the HHB 1-43rd ADA Orderly room without proper documentation, due to the short suspense for issue. Therefore, sixty two berets were unaccounted for.			
12. AFFIDAVIT I do solemnly swear (or affirm) that (to the best of my knowledge and belief) the articles of public property shown above and/or on attached sheets were lost, destroyed, damaged, or worn out in the manner stated, while in the public service.		13. Subscribed and sworn to (or affirmed) before me at this day of TYPED NAME, GRADE, AND SSN LUIS R. AYALA, CPT ADA, CDR NAME AND GRADE (type and sign)	
14. DATE	15. NAME, GRADE, AND SIGNATURE OF ACCOUNTABLE OFFICER RANDALL G. McCAFFERY, GS-11, Property Book Officer	16. DOCUMENT NUMBER	
17. APPOINTING AUTHORITY I have received the evidence pertaining to the lost, damaged, or destroyed property, and have determined that the following action is required. a. <input type="checkbox"/> No further investigation is required. There is no positive evidence of negligence. I do not suspect willful misconduct, or deliberate unauthorized use. I hereby forward this document to the approving authority for final action. (Proceed to block 37.) b. <input type="checkbox"/> The circumstances surrounding the lost, damaged or destruction warrants further investigation. (Proceed to block 21.) c. <input type="checkbox"/> Conduct an investigation according to AR 15-6. Attach this document, as an exhibit, to the investigation and forward it to the approving authority.			
18. DATE	19. TYPED NAME, GRADE, AND TITLE OF APPOINTING AUTHORITY	20. SIGNATURE	

21. APPOINTING AUTHORITY		22. STATION		23. DATE	
24. NAME, GRADE OF SURVEYING OFFICER					
25. YOU ARE APPOINTED SURVEYING OFFICER BY ORDER OF: _____ <div style="text-align: right;"><i>(Typed name, grade of Appointing Authority)</i></div>					
26. FINDINGS AND RECOMMENDATION I have examined all available evidence as shown in exhibits _____ to _____ and as indicated below have personally investigated the same and it is my belief that the article(s) listed hereon and/or attached to sheets, total cost \$ _____					
27. RECOMMEND PECUNIARY CHARGE		a. ACTUAL LOSS	b. AMOUNT CHARGED	c. LOSS TO GOVERNMENT	
28. DATE	29a. TYPED NAME, GRADE OF SURVEYING OFFICER		b. SIGNATURE		
30. I have examined the findings and recommendations of the Surveying Officer on this report of survey and the exhibits _____ to _____ and <input type="checkbox"/> desire to make a statement which is attached hereto; <input type="checkbox"/> do not desire to make a statement. I am aware of my right to legal advice in preparing the statement and, if a pecuniary charge is finally approved, to make appeal and <i>(If an enlisted man)</i> my right to request remission of indebtedness. I am/am not the accountable officer for the lost or damaged property. The property was/was not my personal arms or equipment.					
31. DATE	32a. TYPED NAME, GRADE OF INDIVIDUAL BEING CHARGED		b. SIGNATURE		
33. RECOMMENDATION BY THE APPOINTING AUTHORITY <input type="checkbox"/> CONCUR <input type="checkbox"/> NONCONCUR		34. COMMENTS			
35. DATE	36a. TYPED NAME, GRADE & TITLE OF APPOINTING AUTH		b. SIGNATURE		
37. APPROVING AUTHORITY a. <input type="checkbox"/> REJECTED. Investigation is required. Appoint a survey officer. Date _____ Initials _____ b. <input type="checkbox"/> REJECTED. Investigation incomplete. Additional information required. Date _____ Initials _____ c. <input type="checkbox"/> APPROVED BY AUTHORITY OF THE SECRETARY OF THE ARMY.				38. PECUNIARY CHARGE	
				a. ACTUAL LOSS	
				b. AMOUNT CHARGED	
				c. LOSS TO GOVERNMENT	
39. DATE	40a. TYPED NAME, GRADE & TITLE OF APPROVING AUTH		b. SIGNATURE		

STATEMENT OF UNDERSTANDING AND RESPONSIBILITY
FOR CARE OF EQUIPMENT

1. HAMILTON HOFFMAN, 000-00-0000, CPT understand that I am being issued protective equipment for my family members. By accepting this equipment, I accept full responsibility for its maintenance and care.

2. I understand this equipment is to be a part of my family member's emergency evacuation kit.

a. M17A2: I understand that I must exercise reasonable care while using this equipment for training of my family. If remain in Korea for more than two years I will return to the CIF for replacement filters. Should damage to this mask occur Through normal wear and tear, I will return it to the CIF for repair.

b. ICAPS: I understand this equipment is to remain its sealed carton until such time as officially notified to remove and assemble it. It is not to be opened for any purpose. Training aids are available for familiarization. I may coordinate for these through my unit.

Sign

HAMILTON HOFFMAN

CPT, OD

HHC, USAMSC-K

TELEPHONE NUMBERS

Area III DOL	753-7213
OCIE Division Chief	753-5807
PBO	753-5807
Area I CSP Manager	730-6953
Area II CSP Manager	736-7498
Area III CSP Manager	753-7346
Area IV CSP Manager	765-8571